



MaMoni

Integrated Safe Motherhood, Newborn Care and Family Planning Project



A MaMoni volunteer repairing
Ratanpur Community Clinic in
Madhabpur, Habiganj

Quarterly Report April 1– June 30, 2011

Submitted
July 30, 2011



List of Abbreviations

ACCESS	Access to Clinical and Community Maternal, Neonatal and Women's Health Services
AED	Academy for Educational Development
A&T	Alive and Thrive
CAG	Community Action Group
CC	Community Clinic
CCMG	Community Clinic Management Group
CHW	Community Health Workers
CM	Community Mobilization/Community Mobilizer
CS	Civil Surgeon
CSM	Community Supervisor/Mobilizer
DDFP	Deputy Director, Family Planning
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
EmOC	Emergency Obstetric Care
ENC	Essential Newborn Care
FANTA-2	Food and Nutrition Technical Assistance-2
FIVDB	Friends in Village Development, Bangladesh
FPI	Family Planning Inspectors
FWA	Family Welfare Assistant
FWV	Family Welfare Visitors
GOB	Government of Bangladesh
ICDDR,B	International Centre for Diarrhoeal Diseases Research, Bangladesh
IYCF	Infant and Young Child Feeding
IMCI	Integrated Management of Childhood Illnesses
MCH	Maternal and child health
MCHIP	Maternal and Child Health Integrated Program
MNH	Maternal and newborn health
MOH&FW	Ministry of Health and Family Welfare
PHC	Primary Health Care
PNC	Postnatal Care
SBA	Skilled Birth Attendant
SMC	Social Marketing Company
SSFP	Smiling Sun Franchise Project
TBA	Traditional birth attendant
UPHCP	Urban Primary Health Care Project
WRA	White Ribbon Alliance

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A. Introduction

The key theme to summarize the third quarter of second year of operations for MaMoni- Integrated Safe Motherhood, Newborn Care and Family Planning Project would be consolidating gains. This associate award under MCHIP rolled out key MNH-FP training activities in Sylhet and Habiganj to quickly cover all health service providers, and rolled out key interventions on the ground.

A rapid assessment of FP situation in Sylhet by ACPR conducted in May showed that family planning uptake by families has been rapid and gains have been substantive. The results have been shared under sub-objective 3.

This report highlights the key activities between April and June 2011.

B. Key Activities

Objective 1: Increase knowledge, skills and practices of healthy maternal and neonatal behaviors in the home

MaMoni package delivered at household level by community based workers

In Sylhet 77 CHWs are now working in place of 68 vacant FWAs, and are supporting the FWVs at the satellite clinic and HAs in other MCH services. All CHWs have added misoprostol and FP in their household counseling visits. Results of misoprostol and FP distribution are further explained in objective 2 and 3 respectively.

In Habiganj, government workers, mainly FWAs and HAs, are delivering MaMoni package at household level. As the data

on Figure 1 show, PNC visit in Habiganj has been less than ten per cent. MaMoni has discussed this issue with the district and upazila level managers in the quarterly review meeting held on May 09. The GOB managers agreed to emphasize this activity.

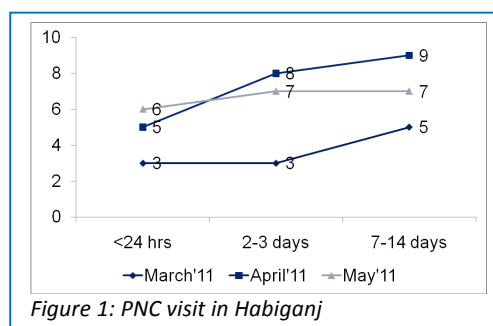


Figure 1: PNC visit in Habiganj

Temporary workers provided to support vacant units in Habiganj

MaMoni is providing a number of temporary workers in key vacant units in Habiganj. Table 2 shows the breakdown of the temporary workers. MaMoni has received financial support from KOICA/Save the Children-Korea to provide 6 paramedics in Shibpasha and Kakailseo unions of Ajmiriganj upazila. All CHWs and all but four paramedics have been deployed and are providing critical outreach and MNH-FP services.

Table -1: Summary of Vacant Positions and MaMoni Support in Habiganj

	FWA vacant	HA vacant	MaMoni CHWs planned	FWV Vacant	MaMoni Paramedics planned	Remarks
Ajmiriganj	6	3	4	1	6*	CHW/3 Paramedics in place
Bahubal	9	0	3	1	1	CHW/Paramedic in place
Baniachong	14	21**	8	5	3	CHW/Paramedic in place
Chunarughat	7	5	4	6	0	CHW/Paramedic in place
Lakhai	11	1	10	3	2	CHW/Paramedic in place
Madhabpur	14	4	7	5	1	CHW/Paramedic in place
Nabiganj	6	3	4	2	1	CHW/Paramedic in place
Sadar	1	2	1	3	0	CHW/Paramedic in place
Total	68	39	41	26	14*	CHW/Paramedic in place

* 6 paramedics are provided by KOICA/Save the Children-Korea to support ANC and delivery

**12 HAs have been recruited, but not deployed because of a pending lawsuit in Baniachong

Integration of Nutrition within MaMoni through collaboration with Alive & Thrive and FANTA-2



Figure 2: IYCF training in Sylhet

Alive & Thrive (A&T) project of AED trained district team of Sylhet & upazila GOB and NGO team of Bishwanath & Companyganj upazilas on infant and young child feeding (IYCF) training modules. These trainers in turned trained 56 health workers (CHW, FWA, HA, FWV, AHI, FPI, HI) on a 2 day IYCF package.

28 GOB and NGO managers were also

oriented on A&T activities and IYCF concept on a 2 day orientation.

MaMoni will test integration of IYCF messages within MaMoni service delivery package in 3 unions of the aforementioned upazilas in Sylhet, and will use the lessons to integrate nutrition into Habiganj service delivery model.



Figure 3: Demonstration of complementary food to participants in Companyganj, Sylhet

Objective 2: Increase appropriate and timely utilization of home and facility-based essential MNH and FP services

Improved Quality of MOH&FW facility based providers to deliver MaMoni package

MaMoni rolled out training on maternal, newborn health and family planning (MNH-FP), including hand washing for Habiganj service providers. Government field level workers (FWV, SACMO, MA) were trained on a five day training package along with MaMoni's paramedics hired to support vacant unions.

In Sylhet, a one-day orientation was conducted on misoprostol and microplanning activities.

Table-2: Summary of MNH-FP Training of service providers in 3rd Quarter

Provider	Sylhet Targeted in FY'11	Sylhet Completed in Q1-3	Habiganj Targeted in FY'11	Habiganj Completed in Q1-3	Remarks/Explanation
FWV	46	28*	73	64	Some Sylhet FWVs retired and some were in training
SACMO	33	41*	23	25	
MA	23	18*	52	52	
Paramedic	X	X	X	9	Temp workers for vacant FWV unions
Total	102	87	148	150	

*1 day orientation was arranged on misoprostol and micro-planning for Sylhet service providers

In addition, MaMoni also developed a 4 day orientation manual for doctors and nurses, which will focus on secondary level care and referral for complications.

TBAs trained in Habiganj to ensure clean delivery

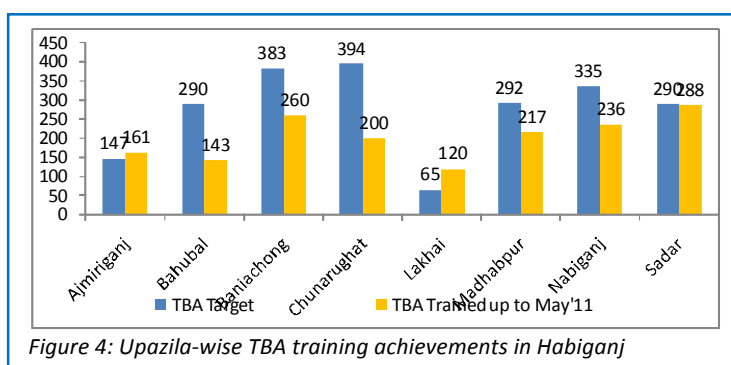


Figure 4: Upazila-wise TBA training achievements in Habiganj

MaMoni has trained 1625 TBAs of Habiganj on clean delivery, hand washing and essential postnatal care for mothers and newborns. Use of misoprostol is also part of this curriculum. Figure 4 shows the upazila wise breakdown of TBAs trained.

At the end of the training, the TBAs are given laminated cards with the phone numbers of the FWAs, FWVs and volunteers of her respective community, and instructions on how to refer. TBAs have already begun to refer mothers with complications. Figure 5 shows a newborn that was referred by a TBA within 2 days of being trained on referrals.



Figure 5: TBA in Ajmiriganj referring a newborn in a polo, a local hand-carried contraption

In Sylhet, TBAs have been oriented by unit level meeting on misoprostol and family planning. Through bi-monthly meetings, at least 15 TBAs from every union in Sylhet (4,290 total) have been oriented in year 2.

Misoprostol distribution in collaboration with VSI and EngenderHealth

MaMoni begun distribution of misoprostol in all 7 upazilas of Sylhet and 2 upazilas of Habiganj (Lakhai and Ajmiriganj) with technical support from EngenderHealth. Venture Strategies International, through a local procurement arrangement, has made misoprostol available for MaMoni for the duration of the project.

Three distribution options are being promoted. Ideally, mothers at the third trimester are to receive misoprostol tablets from FWV at satellite clinics or FWC. If mothers do not attend ANC, misoprostol is also made available at the community clinics through HA. If mothers are unable to avail either options, FWAs are expected to provide

misoprostol to mothers at home. During postnatal visit, CHW or FWA follows up on usage, and collects unused misoprostol catch covers.

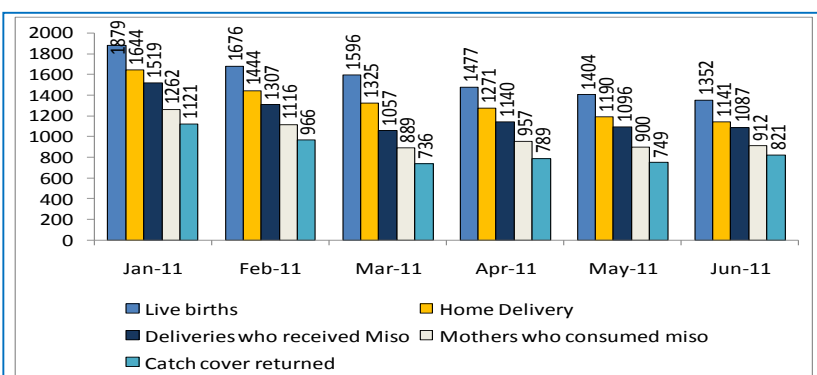


Figure 6: Misoprostol use in Sylhet MaMoni areas

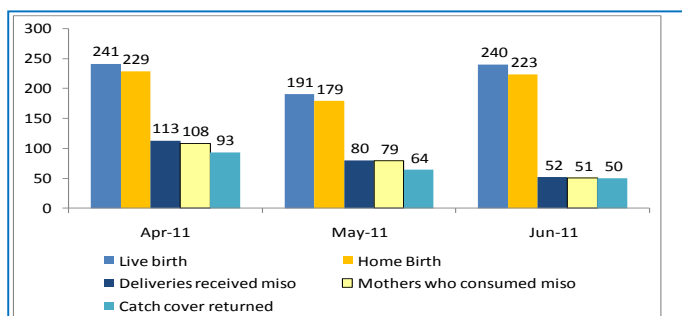


Figure 7: Misoprostol use in Ajmiriganj and Lakhai upazilas of Habiganj

Figures 6 & 7 summarize the key results of misoprostol distribution in Sylhet and Habiganj. Among the 3,007 mothers who consumed misoprostol in this quarter, none exhibited symptoms of PPH after taking the drugs, and none of the mothers used it before the baby was delivered.

Facilities Identified and to be strengthened to deliver MaMoni package

MaMoni has begun small scale repair/renovation work on select health facilities of Habiganj. Based on the facility assessment report prepared by RTM International, MaMoni has prioritized health facilities, and is slowly addressing gaps in service delivery, infection prevention, etc. Figure 8 shows some examples of repair work initiated by MaMoni.

Funding from KOICA/Save the Children-Korea is being used to refurbish Shibpasha & Kakailseo FWC and Ajmiriganj Upazila Health Complex of Habiganj. 6 paramedics will be placed in the two FWCs to provide ANC, delivery and postpartum care.



Quality Improvement (QI) tools and approach developed

MaMoni is introducing a quality improvement (QI) system in select health facilities of Habiganj. Standards Based Management and Recognition (SBM-R) approach, introduced by JHPIEGO in other countries, will be tested based on existing national standards and guidelines. An international consultant supported by JHPIEGO developed the tools and approaches for district, upazilla and union level health facilities.

District level consultation with managers and service providers, and national level consultation with professional bodies were conducted in May to ensure compatibility with national guidelines. The tools are being translated, and shared with other partner organizations for feedback. The approach will be implemented in 14 health facilities in phase 1 from October 2011. Figure 9 shows a sample standard with the associated verification criteria.

The SBM-R approach can be used as a job aid as well, and can help health workers in identifying gaps in their health facilities.

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	YES	NO	N/A ¹
		<ul style="list-style-type: none"> Ensures that the baby is well covered, is with the mother and has begun to suckle within an hour of birth 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The provider properly disposes of the used instruments and medical waste after assisting the birth.		Observe one woman in the immediate postpartum and determine whether the provider or assistant (in the labor or delivery rooms), while wearing gloves:			
		<ul style="list-style-type: none"> Discards the placenta in a leak-proof container with a plastic liner 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<ul style="list-style-type: none"> Disposes of medical waste (gauze, etc.) in a plastic container with a plastic liner 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<ul style="list-style-type: none"> Puts the soiled linen in a leak-proof container 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<ul style="list-style-type: none"> Opens (un-hinges) all instruments and immerses them in a 0.5% chlorine solution for 10 minutes 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<ul style="list-style-type: none"> Decontaminates the syringe and needle by flushing them three times with 0.5% chlorine solution and disposes of the needle and syringe in a puncture-resistant container, without removing, recapping, or breaking the needle 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<ul style="list-style-type: none"> Wipes down all surfaces with 0.5% chlorine solution 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<ul style="list-style-type: none"> If gloves are disposable, immerses both gloved hands in a 0.5% chlorine solution, removes gloves by turning inside out, and places them in a container with a plastic liner; 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Figure 9: An SBM-R normal delivery standard with associated verification criteria

Water ambulance to promote ANC & PNC in remote areas



Figure 10.a: A pregnant woman after seeking ANC in a mobile clinic in Lakhai



Figure 10.b: Mothers wait to be examined by paramedic inside the boat



Figure 10.c: Paramedic examining a child for complications

MaMoni received three water ambulances (engine boats) from USAID supported Title II project, Jibon O Jibika. These boats have been deployed in Lakhai, Ajmiriganj and Baniachong upazilas of Habiganj, and will be used as mobile clinics to organize satellite clinics in hard-to-reach areas, and transport mothers with complications to health facilities.

Success Story: Partnership with local government brings critical ANC-FP services to Snanghat, Bahubal

Snanghat union of Bahubal upazila, Habiganj did not have an FWV for last 5-8 years. 23 villages, with over three thousand eligible couples were deprived of ANC and services. No FWC was set up in this union before either. MaMoni partnered with the local government to address this situation.

The local union parishad provided two rooms in their building and some furniture to set up a temporary FWC. MaMoni provided a paramedic, Ratna Rani Das, to work out of that center and conduct satellite clinics. District family planning office provided medicine, equipment and registers. UP members and community volunteers promoted the new service.

Twenty five thousand people now have access to ANC, PNC and limited curative care services. The partnership is working well, and the initiative has been praised by the local community.



Figure 11: MaMoni paramedic Ratna Rani Das providing ANC to mothers in Snanghat UP building, Bahubal, Habiganj

Objective 3: Increase acceptance of FP methods and advance understanding of FP as a preventive health intervention for mothers and newborns

FP incorporated into household and community mobilization activities

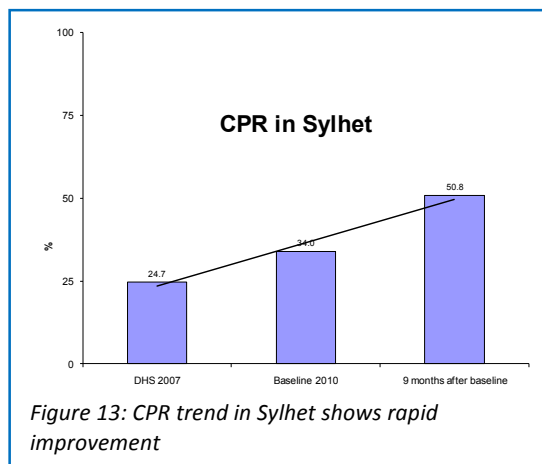


All FWAs, HAs and CHWs of Sylhet and Habiganj have been trained in FP. This is the first time Health Assistants have been trained on FP and are playing a key role at the community clinic level for FP counseling and referral. Community action groups (CAGs) covering 83% of villages in Sylhet and 17% villages of Habiganj are using pictorial tools as shown in Figure 12.c to promote birth spacing and family planning in their communities. Male involvement in family planning has resulted in increased use of LAPM methods.

Rapid Assessment of FP progress in Sylhet

MaMoni conducted a rapid assessment in Sylhet in May with support from ACPR to document changes in contraceptive acceptance and use. As shown in Figure 13, a multi stage cluster survey of 476 mothers (the same sampling frame used in the baseline survey) showed a rapid 14% increase in contraceptive prevalence rate (CPR) after just nine months. As the intervention becomes mature, MaMoni expects to further increase the CPR in the next six months.

The Divisional Director of family planning department has requested MaMoni to continue supporting FP interventions beyond September 2011, when the intervention was expected to be gradually phased out. MaMoni is exploring cost effective ways to support the DGFP in maintaining FP progress for year 3.



FP service delivery strengthened and coordinated

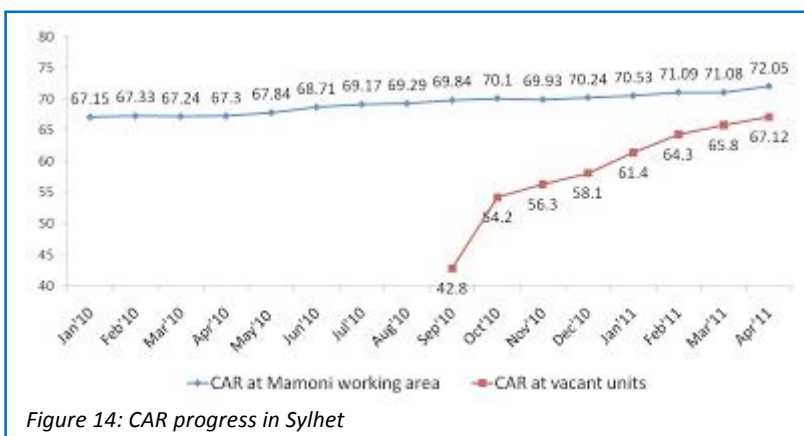
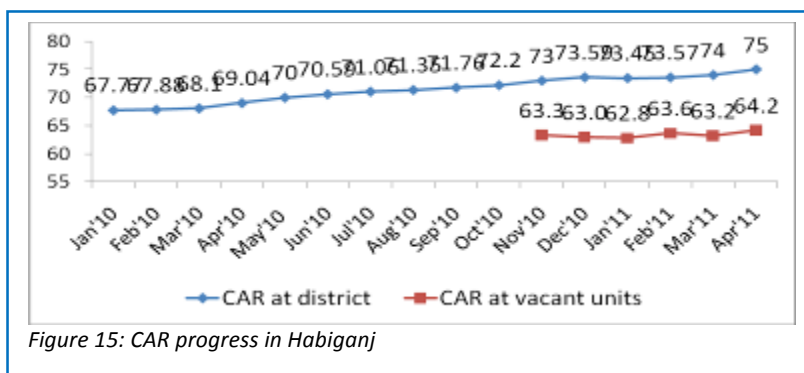


Figure 14 shows the gradual increase in CAR in Sylhet working areas. In 68 vacant units where MaMoni has provided CHWs the change in CAR has been dramatic. There is an overall increase in CAR, which is encouraging. Trend in Habiganj shows similar progress. Figure 15 shows the overall district trend as well as trend in the 41 vacant units where CHWs are supporting FP interventions.



The traditional method for calculating CAR for vacant units is to count the last known CAR, which might lead to inflated levels. MaMoni has held consultation meetings with the district managers to identify solutions.

MaMoni contribution to LAPM

In Sylhet and Habiganj, MaMoni workers, volunteers and community members have contributed significantly to increase use of LAPM methods. Below figures highlight the positive change.

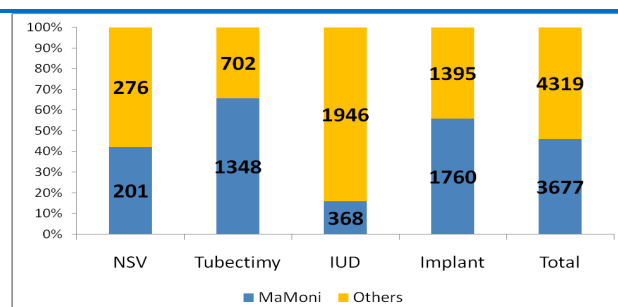


Figure 16: LAPM contribution (Oct '10-May '11) in MaMoni project areas in Sylhet

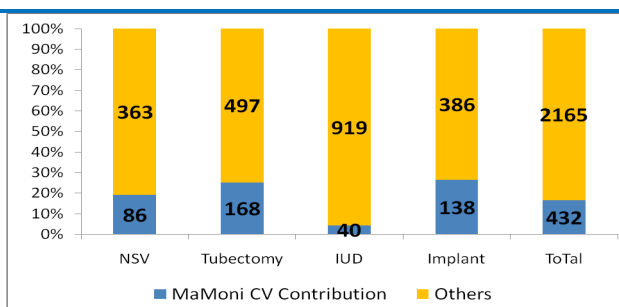


Figure 17: LAPM contribution (Feb-May '11) by MaMoni volunteers in Sylhet

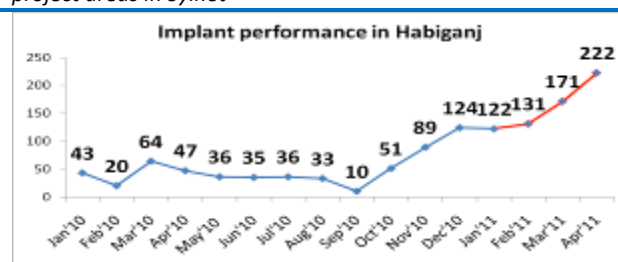


Figure 18: Impact of MaMoni in Implant use (in red)

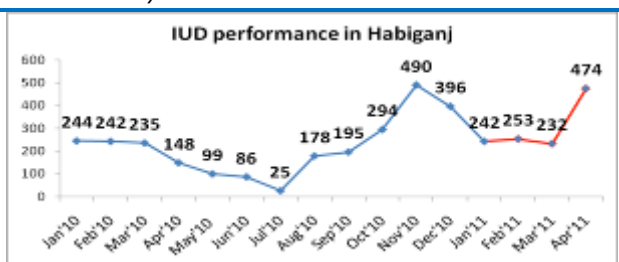


Figure 19: Impact of MaMoni in IUD use (in red)

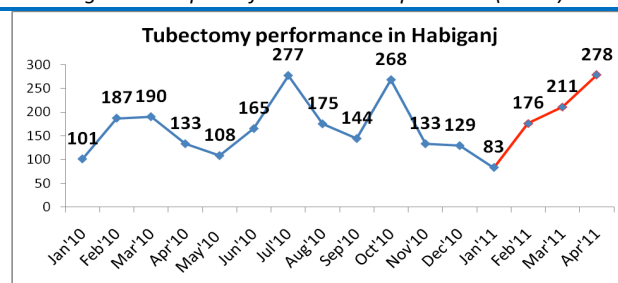


Figure 20: Impact of Tubectomy performance (in red)

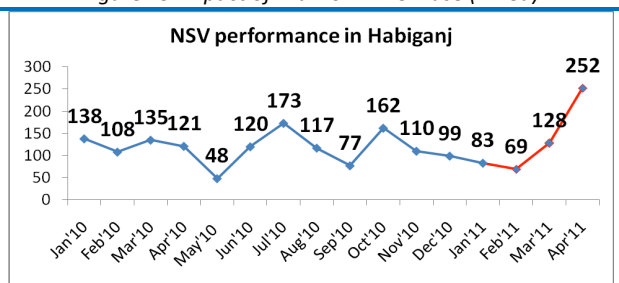


Figure 21: Impact of NSV performance (in red)

Objective 4: Improve key systems for effective service delivery, community mobilization and advocacy

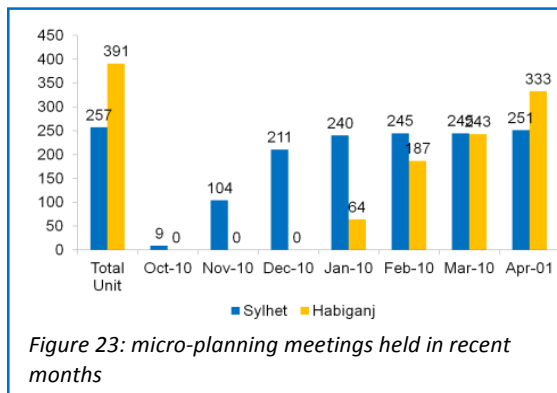
Joint Supervision Visits(JSV) to improve Service Delivery

MaMoni has planned to conduct 540 joint supervision visits (JSV) in FY'11 with the Master Trainers and district level technical resources. During the first nine months, 262 JSVs were conducted to different level health facilities. Because of MNH-FP training and orientation for service providers in all 15 upazilas, the supervision visits were affected in this quarter somewhat. Furthermore, some of the MTs have transferred or retired, reducing the pool of supervisors available for this visit.



Figure 22: JSV in Gopaya union of Habiganj Sadar

Microplanning meetings introduced to increase service coverage



report.

As the graph on the left shows, in both Sylhet and Habiganj, almost 90% of FP units held micro-planning meetings in the month of April, showing a wide acceptability of these meetings from government outreach workers.

MaMoni has introduced microplanning at the ward/unit level where the CHW, FWA and HA jointly develop action plan to ensure universal coverage at the unit level. MaMoni volunteers from selected villages also attend the meetings and share their village level information. The supervisors (FPI, AHI, HI) also attend meetings and update their monthly



Figure 24: A microplanning meeting in Sylhet

Support to DGFP to conduct maternal and neonatal death audit in Habiganj

MaMoni has supported DGFP in training upazila FP officers of Habiganj in conducting maternal death audits at the community level. This data is compiled at the district level and sent to DGFP for review and appropriate actions.

The following is a summary of death audits conducted in last six months. Maternal deaths within last three months are audited, so the monthly death and audit data does not match up exactly.



Figure 25: Mr Tauhidul Islam Bhuiyan, UFPO-Sadar conducting maternal death audit in Lukra union of Habiganj Sadar with MaMoni's Jesmin Akhtar

Table 3: Reported maternal deaths and death audits in Habiganj

Month	Reported maternal deaths	Death Audits Conducted
Jan '11	2	5
Feb '11	1	0
March '11	4	2
April '11	3	0
May '11	4	2
June '11	0	4

Support to FP-MIS for FWV register revision

MaMoni organized a consultation meeting on May 26 with Habiganj district FP officials and FP service providers to review the different registers used by an FWV. Field observations suggested that it was difficult for FWVs to update satellite clinic information because they are expected to carry multiple heavy registers. The team, including the DDFP, district FP manager, identified 14 registers for FWVs to fill out, with a lot of duplication and overlap of forms, making meaningful monthly reports nearly impossible. Subsequent consultation with DGFP MIS unit led to a piloting of a “streamlined” set of registers in Gopaya union of Sadar from July 2011. FP-MIS unit will use the lessons from this intervention to revise their national forms in the next revision, planned in the second quarter of 2012.

Union Health and Family Planning Standing Committee Strengthened

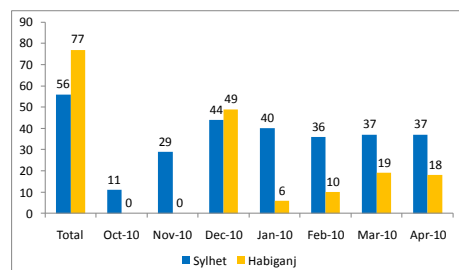


Figure 26: Union H&FP standing committee meetings

MaMoni is supporting local government bodies (union parishads) to organize regular meetings on health and family planning issues. The union health and FP standing committee is supposed to meet every month. Figure 26 shows increasing trend in regular meetings and greater participation of local government.

In Habiganj, union parishad elections were held in May and June, and new members came on board. This disrupted the regular meetings. MaMoni is in the process of establishing linkage with the new elected bodies and sensitizing them on MNH-FP issues.

Objective 5: Mobilize community action, support and demand for the practice of healthy MNH behaviors

Community Mobilization rolled out in Habiganj

In Habiganj, 6,739 volunteers (CVs) have been selected with active involvement of the Union Parishads (UP). These volunteers have been oriented, and will have the responsibility of forming and running Community Action Groups (CAGs).

In 384 villages, 397 CAGs have been formed, covering 17% of all villages. 52% have arranged emergency transport, 71% have their own emergency funds, and 15% percent have already utilized funds to support mothers and newborns.



Figure 27: Mr. M. Neazuddin, DGFP, observing a female CAG meeting in Golapganj, Sylhet

Support to Community Clinic Initiative to reinvigorate CG/CCMG meetings

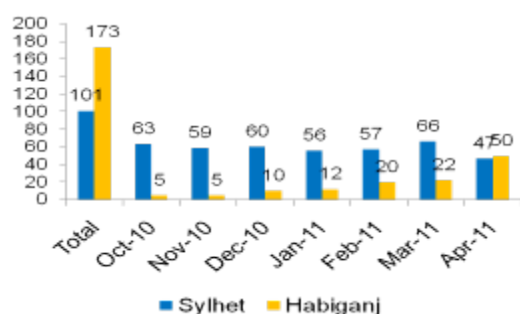


Figure 28: CCMG meetings in MaMoni areas

MaMoni is supporting the local community clinics to organize local level community group (CG/CCMG) meetings. There are 101 community clinics in Sylhet and 173 in Habiganj. Each community clinic is supposed to have one community group (CG, previously CCMG) to oversee service availability, and three community support groups (CSGs) to promote services within community. Figure 28 shows the progress in organizing CCMG meetings.

In Habiganj, 106 community groups are functional, even though they don't meet every month. MaMoni, through advocacy meetings and CAG initiative, have activated 49 of them.

Process documentation for CM conducted

MaMoni is planning to organize a conference on community mobilization in September. In preparation, three studies were commissioned to document achievements in three key thematic areas:

- Role of community action groups (CAGs) in improving MNH situation
- Institutionalization of CAGs for improving MNH situation
- Role of volunteers in improving MNH situation

Department of Anthropology, Shahjalal University of Science and Technology, and Partners in Health and Development (PHD) conducted independent studies. The draft reports are available. Findings from these documentation will be presented in the CM conference.

Religious Leaders oriented in Bahubal

30 Imams from Bahubal upazila of Habiganj participated in a half day orientation on MNH-FP on June 25. In this orientation, they learned about the causes of maternal and neonatal deaths, and the audit results of the four (4) maternal deaths and six (6) neonatal deaths that occurred in Bahubal upazila in last six months. Moulana Nurul Amin, *Khatib* of Abdullahpur Jame Mosque, and chairperson of the event, along with others, pledged to discuss MNH issues in the Friday sermons, and support MaMoni in every way.



Figure 29: An Imam in Bahubal exchanging views

Objective 6: Increase key stakeholder leadership, commitment and action for MNH approaches

Safe Motherhood Day observed (May 28)



MaMoni observed the Safe Motherhood Day 2011 on 28th May jointly with GoB Health and Family Planning departments at district, upazila and union level. MaMoni organized rallies, discussion sessions, cultural events and award distribution ceremonies at the upazila and union levels. The target groups for the program were the mother in laws, pregnant women, newlywed couples and members of the families who lost their newborns and mothers.

The Upazila Health and Family planning Officer, Upazila Family Planning Officer, the Upazila Chairman and the UNO of respective upazila participated in the program along with community volunteers, TBAs, other GoB officials and field workers, representatives from Union Parishad and NGO workers.



Figure 30. Clockwise from top left:
a. Community members signing a commitment to protect their mothers & newborns in Baniachang, HG,
b. mothers provided care at UHC,
c. SMD rally in Bahubal, Habiganj,
d. folk songs promoting maternal health messages, and
e. mothers get-together at upazila level



MaMoni model shared with USAID partners



Figure 31: SMC and SSFP partners observing a CAG meeting in Balaganj, Sylhet

MaMoni hosted a USAID partners meeting in Sylhet on April 29. Theme of the meeting was community mobilization. MaMoni and other projects shared their experiences in working with community groups and resource persons.

Six participants from USAID, WRA, B, SMC and SSFP also visited field sites in Balaganj and Gowainghat upazilas and observed male and female community group meetings and micro-planning sessions.

Collaboration with White Ribbon Alliance

MaMoni supported WRA in observing Safe Motherhood Day. Ishtiaq Mannan contributed an article in the full-page supplement published in Daily Star, and also hosted a talk show broadcast on ATN Bangla on that day.



Figure 32.a: Full page newspaper supplement on breastfeeding published on the Daily Star observing Safe Motherhood Day 2011



Figure 32.b: Safe Motherhood Day TV show, with (from Left): Prof Farhana Dewan, Dr. Monira Parveen, UNICEF, Ishtiaq Mannan, Ms. Meher Afroz Chumki, Member of Parliament, and Shahnaz Munni, journalist

Collaboration with Mobile Alliance for Maternal Action(MAMA/ former M4H)

Mobile Alliance for Maternal Action (MAMA) initiative is expected to harness the power of mobile technology to deliver vital health information to new and expectant mothers. Bangladesh is one of three countries where this program is being implemented. Pregnant and recently delivered mothers can register to receive critical health messages bi-weekly through their mobile phones.

Balaganj and Gowainghat are two MaMoni upazilas where the intervention will be tested before national scale-up. D.Net, a local non-profit conducted a two (2) day workshop on April 25 & 26 in Sylhet to train 14 community health workers from the aforementioned upazilas. These health workers will help mothers subscribe to the service. In addition, MAMA will carry out a campaign in three health facilities in Balaganj upazilla: upazila health complex, Goala Bazar FWC, and Tajpur SSFP clinic.

Collaboration with FANTA-2 on Essential Nutrition Action

Food and Nutrition Technical Assistance-2 (FANTA-2), conducted a need assessment in Habiganj in the month of June. Seven components of Essential Nutrition Action (ENA) were assessed at all service delivery levels, including community (husbands, TBAs). Based on the findings, FANTA-2 will support MaMoni in integrating ENA components within the Habiganj model.

Collaboration with Helping Babies Breathe

MaMoni and MCHIP are supporting BSMMU in rolling out Helping Babies Breathe (HBB) neonatal resuscitation training. 20 core trainers were trained on June 5, and they in turn trained 57 master trainers from national institutes, medical colleges, DGHS and DGFP.

Guideline for a national working committee for HBB scale up has been formed and received ministry approval.

Flip charts and communication materials were also adapted for local use, and will be printed in July.



Figure 33: A master trainer assessed for competency in resuscitation

Collaboration with JICA-SMPP on Habiganj District Hospital

JICA-SMPP project is in the process of introducing 5S/Kaizen/Total Quality Management (TQM) process in Habiganj District Hospital. MaMoni participated in a workshop held on June 10 to share the concepts of 5S/Kaizen/TQM. MaMoni also has allocated funds to support the district hospital. MaMoni and JICA will coordinate their activities to avoid duplication in investments.

Collaboration with UNICEF for MNCS in Tangail district and sick newborn management



Figure 34: UNICEF and partner team reviewing data in Sylhet

IMCI section of DGHS, with support from UNICEF and KOICA, is about to implement a package of MNCS in the Tangail district. A three member team comprising of UNICEF, ICDDR,B and IMCI/DGHS observed MaMoni interventions in Lakhai, Habiganj and Balaganj, Sylhet. UNICEF will introduce community mobilization and micro-planning components within their program.

Collaboration with Unilever on Hand Washing GDA

USAID and Unilever signed a Global Development Alliance (GDA) on promoting hand washing. Anila Gopal of Unilever India visited Jaintapur upazila of Sylhet to observe MaMoni intervention components. MaMoni, along with other USAID CAs will collaborate with Unilever to promote hand-washing from October 2011.

ICDDR,B, with support from MCHIP is in the process of beginning a formative research in Habiganj in July to understand community practices surrounding hand-washing.



Figure 35: Anila Gopal of Unilever discussing hand washing practices with a new mother

Project Management Activities

Internal Program Review conducted

Pat Daly and Joseph Johnson from MCHIP/Save the Children in Washington conducted an internal program review. Kazi Moksedur Rahman and Zahid Ahmed, two senior directors of Shimantik and FIVDB also were part of the review team. The team reviewed MaMoni process documents, observed field interventions, and met with key GOB and NGO partners to assess progress against targets and need for program alignment to utilize developing opportunities. The evaluation report will be available in July.

JHPIEGO RISE training for district and upazila level M&E officers

JHPIEGO in collaboration with MCHIP/MaMoni has organized a training title “JHPIEGO Results Information for Excellence (RISE) User Acceptance Testing and Training” from the 24th through the 28 April 2011 in Dhaka. The training performed user acceptance testing (UAT) of the newly delivered software that will be used for all MCHIP and JHPIEGO award results data from FY11 onward. District M&E officers and Upazila TO M&E officers of MaMoni participated in the training. Dr Muhibul Abrar, Manager M&E also participated in RISE meeting in Nairobi.



Figure 36: RISE M&E training in Dhaka

Coordination Meeting with DGHS held



Figure 37: Dr. Momtazuddin Bhuiyan, Director, Hospital chairing DGHS coordination meetings

The coordination meeting with DGHS was conducted at IEDCR Conference Room, DGHS on 6th June 2011. In the meeting, MaMoni strategy and progress were presented and implementation issues were discussed.

Dr. Md. Momtazuddin Bhuiya, Director (Hospital & Clinic) presided over the meeting. Professor Fatema Parvin Chowdhury, Director, IPHN, Dr. Iqbal Hossain Chowdhury, Director-Health, Sylhet division, Professor Dr. A. K. Azad, Director, MIS, DGHS, Dr. S.M Ibrahim, Civil Surgeon, Sylhet

and Dr. Md. Shafiqur Rahman, Civil Surgeon, Habiganj were present at the meeting along with other GoB officials from DGHS, representative from Alive and Thrive and the MaMoni team.

Overall Challenges

Turnover at MOH&FW National, Division and District level

Several key staff, who guided MaMoni intervention design and advocacy planning has left the government positions. Some key turnovers include:

- **Director, Primary Health Care, DGHS** retired in first week of July
- **Programme Manager, Reproductive Health, DGHS**, transferred

Political unrest in June

The political opposition party observed a full day strike on June 5 and again 36 hour strikes on June 12 & 13. This somewhat affected MaMoni activities on the ground, particularly in ensuring government satellite clinics and community level supervision activities. As political unrest continued through July, MaMoni has taken steps to ensure that key services remain uninterrupted.

Key Activities for Next Quarter (July-September 2011)

The following is a short summary of key activities MaMoni will be undertaking:

- Community mobilization conference, expected in September
- TOT on supportive supervision and sick newborn management
- District level finalization of QI health facilities and tools
- Dissemination of Sylhet achievements of ACCESS and MaMoni at the divisional level

Annex 1. Operational Plan Indicators (October 2010- June 2011)

SI	Indicator	FY'11 Target	Achievements (Cumulative)
A	Operational Plan Indicator		
1	Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs	44,769	26,944 (60%)
2	Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities	36,774	26,670 (73%)
3	Number of people trained in maternal/newborn health through USG-assisted programs	20,180	15,491 (77%)
4	Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs	9,616	8,802 (92%)
5	Number of people trained in child health and nutrition through USG-supported health area programs	501	165 (33%)
6	Number of newborns receiving essential newborn care through USG-supported programs	28,138	18,296 (65%)
7	Number of children reached by USG-supported nutrition programs	2,898	0
8	Number of women reached with hand washing messages to prevent infections during delivery with USG assistance	84,433	90,340 (107%)
9	Couple years of protection (CYP) in USG-supported programs	164,561	207,517 (126%)
10	Number of people trained in FP/RH with USG funds	20,180	15,491 (77%)
11	Number of counseling visits for family planning/reproductive health as a result of USG assistance	1,152,565	1,275,934 (111%)
12	Number of USG-assisted service delivery points providing FP counseling or services	639	744 (116%)
B	Custom Indicators		
1	Number of ELCO in MaMoni intervention areas		554,552
2	Number of pregnant women identified and registered in MaMoni intervention areas		87,998
3	Percent distribution of births by place of delivery		
	Home delivery		90%
	Facility delivery		10%
4	Percent distribution of non institutional live births by person providing assistance during childbirth		
	Delivery by trained provider		18%
	Delivery by untrained provider		82%
5	Among the recent mothers who received misoprostol during		84%

SI	Indicator	FY'11 Target	Achievements (Cumulative)
	pregnancy, the percent who consumed misoprostol immediately after delivery		
6	Among the recent mothers who consumed misoprostol, the percent who returned the used misoprostol strip (catch cover)		86%
7	Percent of villages in MaMoni intervention areas that have a Community Action Group (CAG)		51%
8	Percent of Community Action Groups (CAG) that have representation from the nearest health facility		91%
9	Percent of Community Action Groups (CAG) with an emergency transport system		91%
10	Percent of Community Action Groups (CAG) with an emergency financing system		78%
11	Percent of Community Action Groups (CAG) that met at least once in the last month		90%
12	Percent of functional units where micro planning meeting were held in the last month		95%
13	Percent of Joint Supervisory Visit (JSV) conducted against target		57%
14	Percent of Union Parishad Education, Health & FP Standing Committee that met at least once in the last month		42%

Annex 2. Visitors to the project between April-June 2011

Visitor	Organization	Dates	Purpose
Md. Niazuddin	DGFP/ MOH&FW	April 03, 2011	Director General of Family Planning visited Golapganj upazila of Sylhet to observe FP and CAG activities.
Md Kutub Uddin	DGFP/ MOH&FW	April 03, 2011	Director, FP, Sylhet Division accompanied the DGFP in the field visit.
Lonna Milburn	MSH	April 09, 2011	Vice President of Business and Resource Development of Management Sciences for Health (MSH) and her team visited MaMoni activities in Sylhet
Iain Aitken	MSH	April 09, 2011	
Halida Akter	MSH	April 09, 2011	
Zubayer Hussain	MSH	April 09, 2011	
Emma Garoushe	Marie Stopes	April 09, 2011	Program Support Manager of Marie Stopes International and her team accompanied MSH team in observing field activities in Sylhet.
Emily Wyatt	Marie Stopes	April 09, 2011	
Golam Rosul	Marie Stopes	April 09, 2011	
Md. Altaf Hossain	DGHS/ MOH&FW	April 12, 2011	Deputy Program Manager, Newborn Health, IMCI section of DGHS visited CAG meetings, microplanning sessions and other activities in Balaganj, Sylhet and Lakhai, Habiganj. UNICEF and IMCI are introducing a new MNCS program in Tangail district with KOICA support and may incorporate some MaMoni components.
Md. Ziaul Matin	UNICEF	April 12, 2011	Program Officer of UNICEF's MNCS project visited CAG meetings, micro-planning sessions and other activities in Balaganj, Sylhet and Lakhai, Habiganj. UNICEF and IMCI is introducing a new MNCS program in Tangail district with KOICA support and may incorporate some MaMoni components.
D M Emdadul Hoque	ICDDR,B	April 12, 2011	Intervention Specialist of the Child Health Unit of ICDDR,B visited CAG meetings, micro-

			planning sessions and other activities in Balaganj, Sylhet and Lakhai, Habiganj.
Michael Foley	SC-US	May 10-12, 2011	Director of Health and Nutrition of Save the Children visited Sylhet and Habiganj to observe field activities.
Anila Gopal	Unilever	May 24, 2011	Global Social Mission Manager visited Jaintapur upazila of Sylhet and observed male and female community group meetings, volunteer orientation and depot holders and community clinics.
Michael McGrath	SC-US	May 29-30, 2011	New Country Director of Save the Children visited Sylhet and Habiganj and observed MaMoni field activities including micro-planning, community action group meetings and TBA orientation. He also attended the division coordination meeting in Sylhet.
Margarita Clark	SC-US	May 29-30, 2011	Outgoing Deputy Country Director of Save the Children visited Sylhet and Habiganj and observed MaMoni field activities
Sheela Sinharoy	Helen Kellar International	May 31, 2011	Technical Specialist of HKI visited Chunarughat upazila of Habiganj to pre-test nutrition assessment tools
Jebunnesa Rahman	AED/A&T	June , 2011	Intervention Specialist of Alive & Thrive project visited one upazila of Sylhet to observe training to integrate IYCF messages within MaMoni
Pat Daly	SC-US	June 25-27, 2011	Senior Director, Department of Health & Nutrition of SC-US Washington office visited Sylhet and Habiganj as part of internal program review
Joseph deGraft Johnson	SC-US/MCHIP	June 25-27, 2011	Newborn Intervention Specialist, MCHIP visited Sylhet as part of internal program review